



### PROFESSIONAL EXPERIENCE RECORD

**Instructions:** Complete each side fully. On front page record full name and mailing address of each paramedic employer in the last five years. If addresses are incomplete, this form will be returned to you. On reverse, list names and locations of employers since graduation in chronological order excluding those recorded below. Sign consent at bottom of form.

Name	Former Name(s)
	Date of Birth

**PROFESSIONAL EXPERIENCE AS A PARAMEDIC IN LAST FIVE YEARS**

Date		Position	Unit/Area	Status (FT/PT/Casual)	Full Name and Mailing Address of Paramedic Employer (Last Five Years Only)
Start	Finish				
					Name and Title of Supervisor
					Name and Title of Supervisor
					Name and Title of Supervisor
					Name and Title of Supervisor
					Name and Title of Supervisor

I, \_\_\_\_\_ (Name) (please print) \_\_\_\_\_ (Address) of \_\_\_\_\_

hereby give consent for any of my previous employers or my present employer to release reference(s) regarding my competency as a paramedic to the EMA Licensing Board, such reference(s) to be used solely for the purpose of assessment of my application for registration as a paramedic in British Columbia.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

OTHER PROFESSIONAL EXPERIENCE AS A PARAMEDIC SINCE DATE OF GRADUATION FROM PARAMEDIC PROGRAM

Date		Position	Unit/Area	Status (FT/PT/Casual)	Name and Location Of
Start	Finish				

POST-BASIC COURSES SINCE GRADUATION

Date		Name of Course	Agency/Educational Institution	Certificate Obtained
Start	Finish			